



# BUSINESS LICENSE COMMISSION

## COUNTY OF LOS ANGELES

374 KENNETH HAHN HALL OF ADMINISTRATION

500 WEST TEMPLE STREET

LOS ANGELES, CA 90012

(213) 974-7691

[www.board.co.la.ca.us/blc](http://www.board.co.la.ca.us/blc)



### MEMBERS

STEVEN AFRIAT

*PRESIDENT*

RENÉE CAMPBELL

*VICE-PRESIDENT*

SARA VASQUEZ

*SECRETARY*

JAMES BARGER

*COMMISSIONER*

SHAN LEE

*COMMISSIONER*

September 3, 2013

Michael DeJordy  
PCMV, LLC  
Valencia Country Club  
27330 North Tourney Road  
Valencia, CA 91355

### **HEARING ON APPLICATION FOR ENTERTAINMENT GEN. W/DANCE/SC & ANNUAL DANCE/SC BUSINESS LICENSE ID #138194**

Dear Applicant:

The Business License Commission will hold a hearing on the above matter on **Wednesday, September 11, 2013 at 9:00 a.m.** in Room 374-A, 500 West Temple Street, Los Angeles, CA 90012. Your presence is requested at this hearing. If you are unable to attend you may authorize a representative to appear on your behalf. The representative must present signed and duly notarized letter giving authorization and the reasons you are unable to appear.

### **RIGHT TO REPRESENTATION / FOREIGN LANGUAGE SPEAKERS**

**You have the right to be represented at this hearing by an attorney or other individual of your choosing and at your own cost.** In the absence of a representative, you must represent yourself and the hearing will proceed as scheduled.

If you require a translator, you must arrange at your own cost to have present at the hearing either **a professional/certified interpreter or other person who is fluent in both English and your native language.** If you are unable to locate an interpreter, please contact our office and you will be provided a list of interpreting services.

Parking is available at your cost; a map is enclosed for your convenience. **Please note proceedings begin promptly at 9:00 a.m. The Business License Commission reserves the right to reschedule your hearing to a later date for failure to timely appear.**

Sincerely,

STEVEN AFRIAT  
President

Lupe Duron  
Commission Staff

**State of California**  
**Secretary of State**

**CERTIFICATE OF REGISTRATION**

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That on the 17TH day of NOVEMBER, 2011, PCMV, LLC, complied with the requirements of California law in effect on that date for the purpose of registering to transact intrastate business in the State of California; and further purports to be a limited liability company organized and existing under the laws of FLORIDA as PCMV, LLC and that as of said date said limited liability company became and now is duly registered and authorized to transact intrastate business in the State of California, subject, however, to any licensing requirements otherwise imposed by the laws of this State.

IN WITNESS WHEREOF, I execute  
this certificate and affix the Great Seal  
of the State of California this day of  
November 18, 2011.



*Debra Bowen*

**DEBRA BOWEN**  
**Secretary of State**

TAL

LLC-5

# Application to Register a Foreign Limited Liability Company (LLC)

201132210013

To register an LLC from another state or country in California, fill out this form, and submit for filing along with:

- A \$70 filing fee,
- A certificate of good standing from the agency where your LLC was formed originally, and
- A separate, non-refundable \$15 service fee, if you drop off the completed form.

**Important!** LLCs in California may have to pay a minimum \$800 yearly tax to the Franchise Tax Board.

LLCs that provide professional services cannot register in California.

**ENDORSED - FILED**  
in the office of the Secretary of State  
of the State of California

NOV 17 2011

This Space For Office Use Only

For questions about this form, go to [www.sos.ca.gov/business/ba/filing-tips.htm](http://www.sos.ca.gov/business/ba/filing-tips.htm)

## ① Name to be used for this LLC in California

PCMV, LLC

proposed LLC name

The name must end with: "LLC," "LLC," "Limited Liability Company," "Limited Liability Co.," "Ltd. Liability Co." or "Ltd. Liability Company;" and may not include: "bank," "trust," "trustee," "incorporated," "inc.," "corporation," or "corp.," "insurer," or "insurance company."

## ② LLC History

- a. If the proposed LLC name you listed above is different than the LLC name you use now (as listed on your certificate of good standing), list the complete LLC name used now.

b. Date your LLC was formed (MM, DD, YYYY): 11/14/2011

c. State or country where your LLC was formed: Florida

d. Your LLC currently has powers and privileges to conduct business in the state or country listed above.

## ③ Service of Process

List a California resident or a qualified 1505 corporation in California that agrees to be your agent to accept service of process in case your LLC is sued. You may list any adult who lives in California. You may not list an LLC as your agent. Do not list an address if the agent is a 1505 corporation.

a. Agent's name: F & L Corp. which will do business in California as FLWA Service Corp.

b. Agent's address:

Street address (if agent is not a corporation) City (no abbreviations) State zip

If the agent listed above has resigned or cannot be found or served after reasonable attempts, the California Secretary of State will be appointed the agent for service of process for your LLC.

## ④ LLC Address

- a. List address for your LLC's headquarters:

10688 Crestwood Drive, Suite D, Manassas, VA 20109

Street address City (no abbreviations) State zip

- b. List address for your LLC's main office in California, if any:

Street address City (no abbreviations) State zip

## ⑤ Read and sign below:

I declare that I am the person who signed this form, and that I am authorized to do so under the laws of the state or country where this LLC was formed.

Michael L. Miraglia

Sign here

Michael L. Miraglia

Print your name here

Date

11-17-11

Manager

Your business title

Make check/money order payable to: Secretary of State  
We can give you up to 2 free certified copies of your filed form if you submit up to 2 completed copies of this form (with all attachments).

**By Mail**  
Secretary of State  
Business Entities, P.O. Box 944228  
Sacramento, CA 94244-2280

**Drop-Off**  
Secretary of State  
1500 11th St., 3rd Floor  
Sacramento, CA 95814

# State of Florida



## Department of State

I certify from the records of this office that PCMV, LLC, is a limited liability company organized under the laws of the State of Florida, filed on November 17, 2011, effective November 14, 2011.

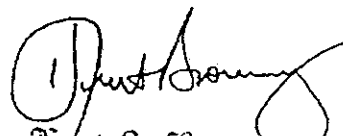
The document number of this company is L11000130930.

I further certify that said company has paid all fees due this office through December 31, 2011, and its status is active.



CR2EO22 (01-07)

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this the  
Seventeenth day of November, 2011

  
Kurt S. Browning  
Secretary of State

201132210010

NOTICE TO PRINTER  
STATE LAW REQUIRES THAT THIS  
LEGAL ADVERTISEMENT SHALL BE SET  
IN TYPE NOT SMALLER THAN NONPAREIL ( 6 PT. )

CUSTOMER CODE : Z 91085

NEWSPAPER : .....NEWHALL SIGNAL

PUBLISH 3 TIMES

1<sup>ST</sup> PUBLISHING DATE:.....07/11/2013  
2<sup>ND</sup> PUBLISHING DATE:.....07/18/2013  
3<sup>RD</sup> PUBLISHING DATE:.....07/25/2013

REPRINTS ORDERED: NONE

NOTICE OF HEARING TO CONDUCT

ENTERTAINMENT GEN. W/DANCE/SC /ANNUAL DANCE/SC

NOTICE IS HEREBY GIVEN THAT APPLICATION HAS BEEN  
MADE TO THE LOS ANGELES COUNTY BUSINESS LICENSE  
COMMISSION TO CONDUCT

ADVANCE PROOF REQUESTED

ADDRESS OF PREMISES:.....27330 N. TOURNEY RD  
VALENCIA, CA 91355  
NAME OF APPLICANT:..... PCMV, LLC/ MICHAEL DEJORDY  
VALENCIA COUNTRY CLUB  
DATE OF HEARING:..... 09/11/2013  
TIME OF HEARING:.....09:00 A.M.

“ANY PERSON HAVING OBJECTIONS TO THE GRANTING OF  
THE LICENSE MAY, AT ANY TIME PRIOR TO THE DATE ABOVE NAMED, FILE WITH THE BUSINESS  
LICENSE COMMISSION HIS OBJECTIONS IN WRITING GIVING HIS REASONS THEREFOR, AND HE  
MAY APPEAR AT THE TIME AND PLACE OF THE HEARING AND BE HEARD RELATIVE THERETO”

OFFICE OF THE COMMISSION:

BUSINESS LICENSE COMMISSION  
500 W. TEMPLE STREET, RM 374  
LOS ANGELES, CA 90012

RETURN TO:

LOS ANGELES COUNTY TAX COLLECTOR  
BUSINESS LICENSE SECTION  
225 N. HILL STREET RM. 109  
LOS ANGELES, CA 90012



**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL  
SUMMARY SHEET**

KIND OF BUSINESS: ENTERTAINMENT-GEN. W/DANCE /SC

ADDRESS OF BUSINESS: 27330 N TOURNEY RD, VALENCIA, CA 91355

TELEPHONE: (661) 254-4401

OWNER OF BUSINESS: PCMV, LLC

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: VALENCIA COUNTRY CLUB

MAILING ADDRESS: 27330 N TOURNEY RD, VALENCIA, CA 91355

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

|   | <u>APPROVED</u> | <u>DATE</u> | <u>SIGNATURE</u> |
|---|-----------------|-------------|------------------|
| <input type="checkbox"/> 1. Animal Care & Control                   |                 |             |                  |
| <input type="checkbox"/> 2. Risk Management                         |                 |             |                  |
| <input checked="" type="checkbox"/> 3. Building & Safety            | YES             | 02/27/13    | dmiles           |
| <input checked="" type="checkbox"/> 4. Fire Department              | YES             | 03/14/13    | dmiles           |
| <input type="checkbox"/> 5. Public Health                           |                 |             |                  |
| <input checked="" type="checkbox"/> 6. Treasurer & Tax Collector    | YES             | 06/25/13    | dmiles           |
| <input checked="" type="checkbox"/> 7. Business License Commission  |                 |             |                  |
| <input type="checkbox"/> 8. Sheriff Department                      |                 |             |                  |
| <input checked="" type="checkbox"/> 9. Regional Planning Commission | YES             | 02/21/13    | dmiles           |
| <input type="checkbox"/> 10. Weights and Measures                   |                 |             |                  |
| <input checked="" type="checkbox"/> 11. Publishing                  | YES             | 07/11/13    | dmiles           |
| <input type="checkbox"/> 12. Public Works - EPD                     |                 |             |                  |
| <input checked="" type="checkbox"/> 13. Sheriff Fingerprint         | YES             | 04/23/13    | dmiles           |

Conditions:



**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL  
SUMMARY SHEET**

KIND OF BUSINESS: ANNUAL DANCE /SC

ADDRESS OF BUSINESS: 27330 N TOURNEY RD, VALENCIA, CA 91355

TELEPHONE: (661) 254-4401

OWNER OF BUSINESS: PCMV, LLC

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: VALENCIA COUNTRY CLUB

MAILING ADDRESS: 27330 N TOURNEY RD, VALENCIA, CA 91355

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

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| <input type="checkbox"/> 2. Risk Management                         |                 |             |                  |
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| <input checked="" type="checkbox"/> 4. Fire Department              | YES             | 03/14/13    | dmiles           |
| <input type="checkbox"/> 5. Public Health                           |                 |             |                  |
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| <input checked="" type="checkbox"/> 7. Business License Commission  |                 |             |                  |
| <input type="checkbox"/> 8. Sheriff Department                      |                 |             |                  |
| <input checked="" type="checkbox"/> 9. Regional Planning Commission | YES             | 02/21/13    | dmiles           |
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| <input type="checkbox"/> 12. Public Works - EPD                     |                 |             |                  |
| <input checked="" type="checkbox"/> 13. Sheriff Fingerprint         | YES             | 04/23/13    | dmiles           |

Conditions:



Los Angeles County Treasurer and Tax Collector  
Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$ 5

ID # 138194

BUSINESS INFORMATION

|  |  |                  |
|--|--|------------------|
| Type of Business:<br><u>Country Club / Golf Course</u>   | Address of Business:<br><u>27330 N. Tournay Rd</u><br>Business Telephone:<br><u>661-799-1279</u> |                  |
| DBA (Business Name):<br><u>Valencia Country Club</u>   | Mailing Address:<br><u>27330 N. Tournay Rd.</u><br><u>Valencia, CA 91355</u>                     |                  |
| Sellers Permit # (State Board of Equalization):  |  |                  |
| Business Ownership Structure: Single Owner <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input checked="" type="checkbox"/> Corporation <input type="checkbox"/><br>If LLC or Corporation, the information below is required: |  |                  |
| Date of Incorporation:   | Incorporated in the State of:  |                  |
| Exact Corporate Name: <u>PCMV</u>  |  |                  |
| Names of Officers  | Addresses  | Titles           |
| <u>Michael Miraglia</u>  |  | <u>President</u> |
| <u>Charles Staples</u>   | <u>role</u>  | <u>Owner</u>     |

APPLICANT INFORMATION

|  |                         |                                |
|--|-------------------------|--------------------------------|
| Applicant's Full Name:<br><u>Michael DeJordy</u>                         |                         |                                |
| Home Address:  |                         |                                |
| Home Telephone:  | Cell Phone:             | Email address:                 |
| Social Security #:   | Date of Birth: <u>1</u> | Place of Birth:                |
| Driver's License or State ID#:   |                         | Expiration Date: <u>1/1/11</u> |
| Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> | Height <u>5'11"</u>     | Weight <u>180</u>              |
| Hair Color <u>Brown</u>  |                         | Eye Color <u>Brown</u>         |

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the license applied for, I agree to submit any additional information that may be required, to conduct all phases of this business license in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances and regulations.

Date: 8-7-13 Applicant's Signature: [Signature]

Application taken by: [Signature] Date: 8-7-13





Los Angeles County Treasurer and Tax Collector  
Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$ 5

ID # 138194

BUSINESS INFORMATION

|  |  |                   |
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| Sellers Permit # (State Board of Equalization):  |  |                   |
| Business Ownership Structure: Single Owner <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input checked="" type="checkbox"/> Corporation <input type="checkbox"/><br>If LLC or Corporation, the information below is required: |  |                   |
| Date of Incorporation:   | Incorporated in the State of:  |                   |
| Exact Corporate Name: <u>PCMV</u>  |  |                   |
| Names of Officers  | Addresses  | Titles            |
| <u>Michael Miraglia</u>  | <u>[REDACTED]</u>  | <u>[REDACTED]</u> |
| <u>Charles Staples</u>   | <u>[REDACTED]</u>  | <u>[REDACTED]</u> |

APPLICANT INFORMATION

|   |                |                  |
|---|----------------|------------------|
| Applicant's Full Name:  |                |                  |
| Home Address:   |                |                  |
| Home telephone:   | Cell Phone:    | Email address:   |
| Social Security #:  | Date of Birth: | Place of Birth:  |
| Driver's License or State ID#:                                |                | Expiration Date: |
| Male <input type="checkbox"/> Female <input type="checkbox"/> | Height:        | Weight:          |
| Hair Color:   |                | Eye Color:       |

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the license applied for, I agree to submit any additional information that may be required, to conduct all phases of this business license in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances and regulations.

Date: 8-7-13 Applicant's Signature: [Signature]

Application taken by: [Signature] Date: 8-7-13



**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**  
225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



**BUSINESS LICENSE  
APPLICATION REFERRAL**

KIND OF BUSINESS: ENTERTAINMENT-GEN. W/DANCE /SC

ADDRESS OF BUSINESS: 27330 N TOURNEY RD, VALENCIA, CA 91355

TELEPHONE: (661) 254-4401

OWNER OF BUSINESS: PCMV, LLC

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: VALENCIA COUNTRY CLUB

MAILING ADDRESS: 27330 N TOURNEY RD, VALENCIA, CA 91355

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**BUILDING & SAFETY  
SANTA CLARITA**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

*No issues ~ approval recommended*

SIGNATURE:

*Deanna Hamrick*

DATE:

*8/19/13*

BASIC LICENSE NO. 8346

DATE 08/16/13

IDENTIFICATION NUMBER 138194



**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



**BUSINESS LICENSE  
APPLICATION REFERRAL**

KIND OF BUSINESS: ANNUAL DANCE /SC

ADDRESS OF BUSINESS: 27330 N TOURNEY RD, VALENCIA, CA 91355

TELEPHONE: (661) 254-4401

OWNER OF BUSINESS: PCMV, LLC

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: VALENCIA COUNTRY CLUB

MAILING ADDRESS: 27330 N TOURNEY RD, VALENCIA, CA 91355

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**BUILDING & SAFETY**

**SANTA CLARITA**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

*No issues & approval recommended.*

SIGNATURE:

*Deanna Hamrick*

DATE:

*8/19/13*

BASIC LICENSE NO. 8298

DATE 08/16/13

IDENTIFICATION NUMBER 138194

Aug-29-2013 12:49pm From-LACOFD FIRE MARSHAL

3238904055

T-661 P.004/013 F-766



**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



**BUSINESS LICENSE  
APPLICATION REFERRAL**

*NRSC*

KIND OF BUSINESS: ANNUAL DANCE /SC

ADDRESS OF BUSINESS: 27330 N TOURNEY RD, VALENCIA, CA 91355

TELEPHONE: (661) 254-4401

OWNER OF BUSINESS: PCMV, LLC

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: VALENCIA COUNTRY CLUB

MAILING ADDRESS: 27330 N TOURNEY RD, VALENCIA, CA 91355

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**FIRE DEPARTMENT  
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

*Inspector Bill Bolter*

DATE: \_\_\_\_\_

*9/5/13*

BASIC LICENSE NO. 8298

DATE 08/16/13

IDENTIFICATION NUMBER 138194

Aug-23-2013 12:43pm From-LACOFD FIRE MARSHAL

3238904055

T-001 P.006/013 F-785



**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



**BUSINESS LICENSE  
APPLICATION REFERRAL**

*NRSC*

KIND OF BUSINESS: ENTERTAINMENT-GEN. W/DANCE/SC

ADDRESS OF BUSINESS: 27330 N TOURNEY RD, VALENCIA, CA 91355

TELEPHONE: (661) 254-4401

OWNER OF BUSINESS: PCMV, LLC

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: VALENCIA COUNTRY CLUB

MAILING ADDRESS: 27330 N TOURNEY RD, VALENCIA, CA 91355

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**FIRE DEPARTMENT  
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

*Inspector Bill Baller*

DATE: \_\_\_\_\_

*9/3/13*

BASIC LICENSE NO. 8346

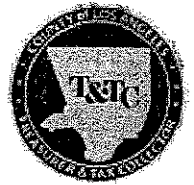
DATE 08/16/13

IDENTIFICATION NUMBER 138194



**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



**BUSINESS LICENSE  
APPLICATION REFERRAL**

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ADDRESS OF BUSINESS: 27330 N TOURNEY RD, VALENCIA, CA 91355

TELEPHONE: (661) 254-4401

OWNER OF BUSINESS: PCMV, LLC

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: VALENCIA COUNTRY CLUB

MAILING ADDRESS: 27330 N TOURNEY RD, VALENCIA, CA 91355

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

*MICHAEL DEJORDY*

**TREASURER & TAX COLLECTOR**

**LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: \_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: *[Signature]*

DATE: 8-13-13

BASIC LICENSE NO. 8346

DATE 08/13/13

IDENTIFICATION NUMBER 138194



**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



**BUSINESS LICENSE  
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**TREASURER & TAX COLLECTOR**

LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: 8-13-13

BASIC LICENSE NO. 8298

DATE 09/04/13

IDENTIFICATION NUMBER 138194



**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



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DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**REGIONAL PLANNING  
SANTA CLARITA**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: *AKL*

DATE: 8/9/13

BASIC LICENSE NO. 8346

DATE 08/29/13

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**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

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THIS IS AN APPLICATION FOR: NEW LICENSE

**REGIONAL PLANNING**

**SANTA CLARITA**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

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COUNTY OF LOS ANGELES  
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225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



BUSINESS LICENSE  
APPLICATION REFERRAL

KIND OF BUSINESS: ANNUAL DANCE SC

ADDRESS OF BUSINESS: 27330 N TOURNEY RD, VALENCIA, CA 91355

TELEPHONE: (661) 254-4401

OWNER OF BUSINESS: PCMV, LLC

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: VALENCIA COUNTRY CLUB

MAILING ADDRESS: 27330 N TOURNEY RD, VALENCIA, CA 91355

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

SHERIFF FINGERPRINT  
LA COUNTY



APPROVAL



DENIAL

RECOMMENDATION:

Approved

SIGNATURE:

Wp 536670

DATE:

8/22/13

BASIC LICENSE NO: 8298

DATE 08/16/13

8/16

IDENTIFICATION NUMBER 138194

Issued TTC 8/22

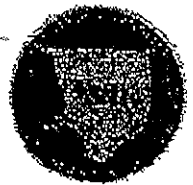
Veronica  
913-01144

Degordy, Michael



**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



**BUSINESS LICENSE  
APPLICATION REFERRAL**

KIND OF BUSINESS: ENTERTAINMENT-GEN. W/DANCE /SC

ADDRESS OF BUSINESS: 27330 N TOURNEY RD, VALENCIA, CA 91355

TELEPHONE: (661) 254-4401

OWNER OF BUSINESS: PCMV, LLC

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: VALENCIA COUNTRY CLUB

MAILING ADDRESS: 27330 N TOURNEY RD, VALENCIA, CA 91355

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**SHERIFF FINGERPRINT  
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

Approval

SIGNATURE:

WJP SUM70

DATE:

8/22/13

BASIC LICENSE NO. 8346

DATE 08/16/13

8116

IDENTIFICATION NUMBER 138194

Filed TTC 8/22